

**V. APPLICATION FORMS AND  
INSTRUCTIONS FOR  
COMMUNITY CENTER APPLICANTS**



## V. APPLICATION FORMS AND INSTRUCTIONS FOR COMMUNITY CENTER APPLICANTS

Information requested is needed to rate your application. Lengthy applications that include supplemental data are specifically discouraged. The checklist on page 100 identifies all the required items needed for public facilities community center applications.

**All applicants who intend to apply for funds for multi-purpose community centers will be required to attend a pre-application conference with staff of the Office of Community Development. Those applicants must contact Wayne Dale at 225/342-7412 for the purpose of scheduling the pre-application conference. These conferences should be scheduled early during the application preparation stage so as to facilitate the preparation of that application.**

If you have any questions concerning forms or instructions, please call the Office of Community Development at (225) 342-7412. Louisiana Relay Service is available for hearing impaired persons by using the following numbers: Information: 1-800-333-0605, TDD Users: 1-800-846-5277, Voice Users: 1-800-947-5277.

## CHECKLIST FOR COMMUNITY CENTER APPLICATIONS

This checklist should not be included in the submitted application. This checklist is only provided for your information and use during the preparation of your application. All forms listed on this page are required for community center applications.

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<b>LOUISIANA COMMUNITY DEVELOPMENT BLOCK GRANT (LCDBG) PUBLIC FACILITIES PROGRAM</b>  General Description Form			1. Applicant Name	
2. Type of Application –  Community Center			3. Address	
4. Name of City Clerk or Parish Secretary			5. Applicant's Email Address	
6. Name and Phone Number of Administrative Consultant Preparing Application			7. Name and Phone Number of Engineering/Architectural Firm Preparing Application	
8. Administrative Consultant Email Address			9. Engineering/Architectural Firm Email Address	
10. Applicant's Fax Number			11. Parish	
12. National Objective Addressed:  <input type="checkbox"/> Slum/Blight <input type="checkbox"/> Low/Moderate Income			13. Total Amount of LCDBG Funds Requested  \$	
14. Funds	Amount	Source of Funds	Fund Status	State Use Only
LCDBG	\$			
Local Funds	\$			
Private Funds	\$			
Other State	\$			
Federal Funds	\$			
Other Funds	\$			
TOTAL COST	\$			
15. Signature (Chief Elected Official)			16. Date	
17. Typed Name/Title			18. Telephone Number	



## INSTRUCTIONS

### General Description Form

- Item 1: Enter applicant name (municipality or parish).
- Item 2: Type of application is “Community Center”.
- Item 3: Enter mailing address of applicant (P.O. box or street address, name of city, and zip code plus four digits). (Note: For the four digit number, please contact your local post office).
- Item 4: Enter the name of the City Clerk or Parish Secretary.
- Item 5: Enter an Email address for the applicant. If the applicant does not have an Email address, enter “Not Applicable”.
- Item 6: Enter the name and phone number of the Administrative Consultant preparing the application. If the Consultant is self-employed, enter the individual’s name; otherwise, enter the name of the firm.
- Item 7: Enter the name and phone number of the engineering/architectural **firm** preparing the application. Enter the name of the firm, not the name of an individual.
- Item 8: Enter an Email address for the Administrative Consultant preparing the application. If the Administrative Consultant does not have an Email address, enter “Not Applicable”.
- Item 9: Enter an Email address for the Engineer/Architect preparing the application. If the Engineer/Architect does not have an Email address, enter “Not Applicable”.
- Item 10: Enter applicant’s FAX number. If the applicant does not have a FAX number, enter “Not Applicable”.
- Item 11: Enter the Parish in which the applicant is located.
- Item 12: Identify the national objective addressed by the proposed activity by placing an “x” in the [ ]. Mark only one national objective for the application.

Principal benefit to low/moderate income persons is an objective that will be addressed by an activity whose beneficiaries will be at least fifty-one percent low/moderate income.

In order to claim that the proposed activity meets the objective of elimination or prevention of slums and blight, the following must be included. An area must be delineated by the applicant that:

- (1) Meets the definition of slums and blight as defined in Act 570 of the 1970 Parish Redevelopment Act, Section Q-8 (See Appendix 2 of the FY 2006 Action Plan), and
- (2) Contains a substantial number of deteriorating or dilapidated buildings or improvements throughout the area delineated.

The applicant must describe in the application the area boundaries (map), the conditions (number of deteriorated or dilapidated buildings or improvements) of the area at the time of its designation, and how the proposed activity will eliminate the conditions that qualify the area as slum and blight. Attach a narrative containing the above specifics as well as a map identifying the slum/blight area. If the slum/blight area is different from the target area, include a separate map.

Item 13: Enter the total amount of LCDBG funds being requested.

Item 14: Identify all funds that will be used for completion of the project. Include funds requested through this application and any other funding sources to be utilized. List amount of funds in each category and specific source of these funds. For example, "Local Funds" are any funds included in total project costs contributed by the unit of local government submitting the application. "Private Funds" are those from sources other than governmental entities such as private businesses, banks, etc. Any funds received through other state programs that are used for this specific project would be listed under "Other State Funds." Any federal funds, such as EPA, USDA Rural Development, etc., should be listed under "Federal Funds." Any other funds not previously identified to be used for the project should be listed under "Other" and the source specified. For each funding source, indicate the status of the funds, i.e., application being prepared, application submitted, preliminary approval, final approval.

Item 15: The chief elected official must sign on line 15.

Item 16: Enter the date the application was signed by the chief elected official.

Item 17: Type or print the name and title of the chief elected official signing the application.

Item 18: Enter the applicant's telephone number.



LCDBG PROGRAM

SUPPLEMENTAL INFORMATION

APPLICANT NAME \_\_\_\_\_

1. Identify the name and telephone number of the State Senator(s) representing your jurisdiction. Also identify the district number for each.

<u>Name</u>	<u>Senate District #</u>
_____	_____
_____	_____
_____	_____

2. Identify the name and telephone number of the State Representative(s) representing your jurisdiction. Also identify the district number for each.

<u>Name</u>	<u>Representative District #</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

3. Identify the U.S. Congressman representing your jurisdiction and congressional district number.

<u>Name</u>	<u>Congressional District #</u>
_____	_____
_____	_____
_____	_____

4. Target Area Zip Code + Four digits: \_\_\_\_\_ - \_\_\_\_\_

5. Indicate an "x" as to whether the proposed project will involve a community-wide project, a target area or only limited clientele. If a target area is involved, enter the name(s) of the target area(s). Also, list the census tract(s), block group(s), and logical record number(s) for each area.

Limited Clientele only [ ]

Community wide [ ] Census Data \_\_\_\_\_

Target area [ ] Census Data \_\_\_\_\_

Name of target area \_\_\_\_\_

6. Applicant's fiscal year end date \_\_\_\_\_

## INSTRUCTIONS

### Supplemental Information

- Item 1: Enter the name, telephone number, and district number of each State Senator representing the local governing body for community-wide projects. If the project involves a target area(s), enter the names of only those State Senators representing the target area(s).
- Item 2: Enter the name, telephone number, and district number of each State Representative representing the local governing body for community-wide projects. If the project involves a target area(s), enter the names of only those State Representatives representing the target area(s).
- Item 3: Enter the name and district number of each Congressman representing the local governing body.
- Item 4: Enter the zip code + four digits for the project target area. (Note: If you are unsure of your + four digits of your zip code, please contact your local post office.) Please refer to the following scenarios which best describe the location of your project area.
- The zip code + four digits of the city/town/village hall should be used for applicants whose project is community-wide.
  - For a project with multiple target areas, the zip code + four digits of the target area where the majority of the construction funds will be spent must be used.

Note: If you have any questions or need assistance, please call Carol Newton at (225) 342-7412.

- Item 5: Please indicate by placing an “x” in the appropriate box to describe the project type as one of the following: Limited Clientele, community wide, or target area. If a target area is involved, please provide the name of the target area. If the target area does not have a name, please provide a brief geographical description of the area such as “western portion of the city”.

Also, indicate beside the community-wide or target area its census tract number(s), block group numbers(s), and/or logical record number(s). Do not enter the census information if your application has only Limited Clientele activity.

- Item 6: Enter the applicant’s fiscal year end date. (The ending date covered by the financial report)

LCDBG PROGRAM  
BUDGET/COST SUMMARY FORM

APPLICANT NAME

I. Costs by Activity (Read Instructions Before Completing)				
Activity (A)	LCDBG (B)	Other (C)	Total (D)	Source of Other Funds <sup>1</sup> (E)
1.				
2.				
3.				
4.				
5.				
TOTAL				

II. Line Item Budget		For State Use Only
1. Acquisition of Real Property	\$	\$
2. Public Works, Facilities, Site Improvements	\$	\$
a. Community Center	\$	\$
3. Other	\$	\$
4. Other	\$	\$
5. Other	\$	\$
6. Other	\$	\$
7. TOTAL	\$	\$

<sup>1</sup> If other funds are being injected in a public facilities/community center project, refer to the "Certification of Other Funds" form on page 143 and the corresponding instructions.

INSTRUCTIONS  
Budget/Cost Summary

Enter Name of Applicant.

SECTION I. COSTS BY ACTIVITY

Column A: List each activity on a separate line.

Columns B,  
C, D, & E: For each activity, complete the cost columns. Indicate all LCDBG money you are requesting in Column B. Lump together all other funds you will use to accomplish the activity and show these costs in Column C. Add together LCDBG (B) and Other (C) and record the result in Column D. In Column E, identify the sources of the funds listed in Column C.

Be sure to include all costs related to an activity in the cost columns. For example, if you intend to construct a new community center, you must include the architectural costs, construction costs, inspection costs, etc.

If other funds are being injected into a public facilities project, please refer to the "Certification of Other Funds" form on page 143 and the corresponding instructions.

SECTION II: LINE ITEM BUDGET

Include LCDBG costs only in this budget. In this section, the costs shown in the LCDBG column of Costs by Activity in Section I. should be broken down by the type of cost. In the community center example used previously, the acquisition cost of property, appraisal cost, and any legal fees relating to the acquisition of property would appear in Section II, Line 1. The construction costs, and architectural fees would appear in Section II, Line 2a.

LCDBG PROGRAM TIME SCHEDULE						APPLICANT NAME:						
ACTIVITIES	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Quarter 5	Quarter 6	Quarter 7	Quarter 8	Quarter 9	Quarter 10	Quarter 11	Quarter 12
Activity #1 Milestones a. b. c. d. e.												
Activity #2 Milestones a. b. c. d. e.												
Activity #3 Milestones a. b. c. d. e.												
Activity #4 Milestones a. b. c. d. e.												

## INSTRUCTIONS

### Program Schedule

The LCDBG program may have a duration of three years (twelve quarters). On this schedule, for each major activity, indicate when completion of major project milestones is expected. For example, milestones could be acquisition of property, design, bid advertisement/award, construction, acceptance of work, and release of liens.

Consider the activities and decide what major tasks must be accomplished to complete them. List these tasks as milestones under **each** activity. Then indicate by lines on the twelve quarter schedule showing when these tasks will occur. **For each activity also estimate projected expenditures by dollar amount for each quarter. The expenditures should reflect all funds (LCDBG and other) being used to complete the activity. Distinguish between the funds by source and amount.**

If more space is needed, attach additional sheets.

When completing this form, identify **each** activity as it corresponds to the line item budget (Section II. of the Budget/Cost Summary Form). For example, the completion of a community center could involve the activities of acquisition (II. 1. on the line item budget) and community center construction (II. 2a. on the line item budget).

## LCDBG Community Center --- Activity Beneficiary Form

☐ Community-Wide   ☐ Target Area

Applicant:

<i>List name of each activity or type of service excluding Admin &amp; Acquisition:</i>	1)		2)		3)	
	#	%	#	%	#	%
<b>Families (total):</b>						
Elderly Head of Family:						
Female Head of Family:						
Handicapped Head of Family:						
<b>Persons (total):</b>						
Total Mod/Low/ExLow Income:						
Moderate Income:						
Low Income:						
Extremely Low Income:						
Elderly:						
Handicapped:						
<b>Race and Ethnicity</b>	Race	Of Total #, Indicate #	Race	Of Total #, Indicate #	Race	Of Total #, Indicate #
	Total #	Hispanic*	Total #	Hispanic*	Total #	Hispanic*
American Indian or Alaskan Native:						
Asian:						
Black or African American:						
Native Hawaiian or Other Pacific Islander:						
White:						
Am. Indian or Alaskan Native <i>and</i> White:						
Asian <i>and</i> White:						
Black or African American <i>and</i> White:						
Am. Indian or Alaskan Native <i>and</i> Black:						
Other Multi-racial:						

\* Hispanic or Latino





## INSTRUCTIONS FOR THE ACTIVITY BENEFICIARY FORM(S)

### **Activity Beneficiary Form Instructions Unique to Community Centers**

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**Multiple Activity Beneficiary Forms Required for Community Centers** An Activity Beneficiary Form, page 111, will become a Service Activity Beneficiary Form if the type of service is listed at the top of the columns. A Service Activity Beneficiary Form must be completed for each service to be provided. Additionally, a Combined Activity Beneficiary Form serves to accumulate total data from (a) normal survey methodology as discussed beginning on page 114 or (b) Limited Clientele methodology.

**Service Activity Beneficiary Form for Community Centers** Service Activity Beneficiary Form(s) must be completed. Each service to be provided should occupy one column. Use as many forms as necessary since only three services will fit on each form.

A letter of commitment from service providers, such as on pages 135 - 136, will have an attachment that will provide the **number** of persons the service provider expects to benefit. Using that number, the Service Activity Beneficiary Form will list the number of persons provided by the letter of commitment. Other subcategories of income levels, race, handicapped status, et cetera, may be projected by the use of census data percentages or in some cases where census data would not directly apply some reasonable method should be used. For instance, a teen counseling program would not have the elderly persons as beneficiaries; therefore, some method other than the use of census percentages would be used for filling out the “Elderly” persons benefiting on the Service Activity Beneficiary Form. State the method used at the bottom of each Service Activity Beneficiary Form or on an attached page.

**Combined Activity Beneficiary Form—Community Centers** A combined Activity Beneficiary Form must be completed. The activity should be listed as “Community Center” at the top of the column. If any of the services to be offered at the community center are to be offered throughout the entire target area, then the Combined Activity Beneficiary Form should be completed using census data, household surveys or a combination of both as discussed beginning on the bottom of page 114.

**Example of Limited Clientele Only—Community Centers** Some community centers will provide services to specific groups of people, called Limited Clientele, and may not have any community-wide services. For example, a program designed to help illiterate adults learn to read would be targeted to only a segment of persons residing in the community. Likewise, a program offering meals for elderly persons would target only a segment of a community. An applicant which has only Limited Clientele service providers would complete the Service Activity Beneficiary Form in the same manner previously described under “Service Activity Beneficiary Form”. However, the completion of the Combined Activity Beneficiary Form is different as described in the following two paragraphs.

**Combined Activity Beneficiary Form for Limited Clientele Applicants—Community Centers** A method to prevent multiple-counting must be utilized. For example, when a service is offered to illiterate adults and a different service is offered to the elderly in need of counseling, there may be some illiterate and elderly persons who are counted twice—once for each type of service. Consequently, if numbers were copied directly from the Service Activity Beneficiary Forms in order to complete the Combined Activity Beneficiary Form then multiple-counting would probably happen.

Below are the steps necessary to complete the Combined Activity Beneficiary Form when all services to be provided are Limited Clientele. These steps should reduce multiple-counting.

1. Complete the Service Activity Beneficiary Forms.
2. Sum the number of families (or persons) for each category from the Service Activity Beneficiary Forms. Begin with the summing of the category of “Families” located on the top row. Next, on the second row, sum all of the entries for “Elderly Head of Family”. Continue summing entries for each row until ending the process by summing the entries for the last row, “Other Multi-racial”.
3. Determine how many **persons** would actually benefit if there were no multiple-counted persons. You should analyze the persons for each service and reduce the number of persons appropriately to eliminate the multiple counting. At the bottom of each Service Activity Beneficiary Form record the rationale for reductions.

Example: In step 2 the “persons” category is 2,000 (over-counted persons)  
In step 3 the actual persons is 1,500 (after reducing for multiple counting)

4. Divide Actual Persons by Over-counted Persons to obtain the Actual Person Percentage.

Example: 1500 divided by 2000 equals 0.75% (Actual Person Percentage)

5. Apply the “Actual Persons Percentage” to all of the totals for categories which were summed in step two. Begin with “Families” then “Elderly Head of Family” and so forth until ending with “Other Multi-racial”. Round off to the nearest whole person. Transfer the final beneficiary numbers to the Combined Activity Beneficiary Form. Record the Actual Persons Percentage at the bottom on the Combined Activity Beneficiary Form as follows: Actual Persons Percentage = \_\_\_\_\_%.
6. Some round off error may occur. If this happens, adjust the number of extremely low, low, or moderate persons to add up to the total number of LMI persons. Likewise, make any necessary adjustment to insure that the totals in the “Race and Ethnicity” categories add up to the total number of LMI persons.

### **Combined Activity Beneficiary Form Completion Based on Census Data and/or Household Surveys**

The following information will be needed to fill out the Combined Activity Beneficiary Form for most Community Center applicants which record beneficiaries using census data and/or household survey data. Applicants who have only Limited Clientele activities will use the method described previously, beginning at the bottom of page 113. It should be noted that the Service Activity Beneficiary Form, as described on the top of page 113, must be filled out by all Community Center applicants.

The applicant must utilize census data (if available) and/or conduct a local survey. Census data by parish for the logical record numbers has been made available on spreadsheets compiled by this office. The information on the spreadsheets are sorted by (1) census tract and block group order, (2) by incorporated areas (and census defined places) and unincorporated areas, and (3) by census tracts. Also included are the logical record numbers for these areas. The spreadsheets can be accessed on the office website, or can be emailed. The spreadsheets contain a copy of the (Combined) Activity Beneficiary Form and it can be completed by copying information from the spreadsheets. A tutorial is provided on the website, or can be emailed. Please contact either William Hall or Natasha Bland to have the spreadsheets sent to an email address.

You will first need to determine the target area being served by the project. Then check census maps to determine if you will need to use information for a census tract(s), block group(s), or logical record number(s). Go to <http://www.census.gov/> and click on **American FactFinder** from the selection on the left. At the bottom of the **American FactFinder** page you will find a selection titled **Maps -Locate Census Geographies**. Choose **Reference Maps**. A map of the United States will appear in the top half of the web page and the box to enter a street address is on the bottom half. The easiest method is to use the street address(es) of your target area. Enter the street address in the address box and click on the **Go** button. A map will display with Census Tracts and Block Group numbers. For a more detailed identification of Census Tracts and Block Groups in your target area, click on a lower **Zoom** button on the right.

If you do not have the street address(es) of your target area, then you can do a map search for your target area by clicking on Louisiana on the Map of the United States that will appear after you choose **Reference Maps**. Then click on the Parish of the target area. Identify a place that is near the target area and place your cursor on that area and click. Each subsequent click will provide more detailed maps with Census Tracts and Block Groups. You can also reposition the map by clicking on the directional arrows.

Once you have found the correct logical record number for the target area on sheet 1 of the spreadsheets, find the number on sheet 2. Sheet 2 contains data from the HUD Census website. Open the Activity Beneficiary Form spreadsheet. Find the “Enter Here” cell. Return to sheet 2 of the spreadsheets. Find the row for the logical record number. Start with Column A and copy the row from Column A to Column CU. Return to Activity Beneficiary Form sheet. Place the cursor in Column A and paste. The Activity Beneficiary Form will be completed. If you need assistance in obtaining census information or following the tutorial please contact either William Hall or Natasha Bland of this office.

When a project area does not coincide with census tracts, block groups, or logical record numbered areas, an applicant must conduct a local survey or combine census data with a local survey. For instance, if a project area encompasses an entire logical record numbered area, but is larger than the logical record numbered area, (however does not encompass the entire neighboring logical record numbered area), the applicant would utilize the census data for the logical record numbered area, and conduct a survey of the additional area(s) which are outside of the logical record numbered area and combine the data. You would complete an Activity Beneficiary Form for the logical record number area, a Survey Tabulation Form and Activity Beneficiary Form for the surveyed area(s), then an Activity Beneficiary Form combining the information from the two. See page 123 for a demonstration of these procedures. If there is more than one outside area, and the areas are not contiguous with each other but are both contiguous with the logical record number area, one survey would cover both areas. For target areas that are smaller than the logical record numbered area they are located in, a local survey must be conducted. The survey sheet provided in this package must be used. Survey data must also be tabulated and submitted on the forms provided; survey data submitted on forms other than those provided will not be accepted.

You must mark the appropriate box in the top left corner of the *Activity Beneficiary* form that corresponds to the appropriate designation, i.e. ☐ **Community-Wide** or ☐ **Target Area**.

The following definitions must be used when completing this form.

- Household – a dwelling unit and all persons who reside therein. The occupants may be a single family, one person living alone, unrelated individuals, two families, etc.
- Family – all persons living in the same household who are related by blood or contract (birth, marriage, adoption). In some instances, two families could reside in one household. Therefore, a household could involve one or more families.
- Low/Moderate Income – persons, families, or households whose combined annual income does not exceed eighty percent of the parish median income.
- Moderate Income – persons, families, or households whose combined annual income exceeds fifty percent but does not exceed eighty percent of the parish median income.
- Low Income – persons, families, or households whose combined annual income exceeds thirty percent but does not exceed fifty percent of the parish median income.
- Extremely Low Income – persons, families, or households whose combined annual income does not exceed thirty percent of the parish median income.
- Elderly – persons or head of family aged 62 or above.
- Handicapped – persons or head of family receiving disability payments or having an obvious handicap.
- American Indian or Alaskan Native – A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Asian – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Black or African American – A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Hispanic or Latino – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

Please be aware that if you are using logical record numbers to retrieve your data, the following categories are not available: American Indian or Alaskan Native *and* White; Asian *and* White; Black or African American *and* White; and American Indian or Alaskan Native *and* Black. In this case, these persons should be included under “Other Multi-racial”.

Please refer to the definitions above concerning the racial/ethnic categories listed in this section. Enter the number of persons in the appropriate racial category under the “Total” column. Of the number in the “Total” column, enter the number of persons that are of Hispanic or Latino ethnicity in the “Hispanic” column.

When identifying the number of persons by income category, each person should be included in only one category. For example, the number of extremely low income persons should not be counted in the number of low income persons. Each income category is self-contained and is not inclusive of other income categories. The number of persons identified as within moderate income limits, within low income limits, and within extremely low income limits should equal the total the number of low/moderate income persons. To calculate the percentage of persons for each income group, you should divide the number of persons in the income category by the total number of persons surveyed, then multiply the result by 100. This percentage should be calculated to two decimal points. For example: If 373 persons surveyed are of extremely low income, and there is a total of 775 persons surveyed, the percentage of extremely low income persons is 48.13.

If a local survey is involved, this form must identify all beneficiaries, not just those surveyed. If all families were not surveyed, projections must be made based on the survey results. Follow these steps using the information on the *Survey Tabulation* form to project the total number of persons.

1. Total persons surveyed divided by total families surveyed = average persons per family  
Example: 775 total persons surveyed divided by 290 total families surveyed = 2.67 average persons per family
2. Average persons per family multiplied by total families in target area = Total persons  
Example: 2.67 average persons per family multiplied by 625 total families in target area = 1,669 total persons

Follow these steps using the information calculated above and the information on the *Survey Tabulation* page to project the number of persons in the income categories and racial or ethnicity categories.

1. Percentage of persons from income category divided by 100, multiplied by total persons = projected number of persons in an income category.  
Example: 48.13 percent of persons of extremely low income divided by 100 = 0.4813  
0.4813 multiplied by 1,669 total persons = 803 persons projected to be of extremely low income

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## SURVEY TABULATION FORM

Name/Description of Target Area \_\_\_\_\_

This form must be completed for community center activities that involve a local survey.

1. Total number in Universe \_\_\_\_\_
2. Total occupied houses in target area \_\_\_\_\_ Total houses surveyed in target area \_\_\_\_\_
3. Total families in target area \_\_\_\_\_ Total families surveyed in target area \_\_\_\_\_
4. Total persons surveyed \_\_\_\_\_
5. What is the ethnic/racial background of the persons? Give totals.

	<u>Total</u>	<u>Hispanic/Latino</u>
American Indian/Alaskan Native	_____	_____
Asian	_____	_____
Black/African American	_____	_____
Native Hawaiian/Other Pacific Islander	_____	_____
White	_____	_____
American Indian /Alaskan Native <i>and</i> White	_____	_____
Asian <i>and</i> White	_____	_____
Black/African American <i>and</i> White	_____	_____
American Indian/Alaskan Native <i>and</i> Black	_____	_____
Other Multi Racial	_____	_____

6. Total families where head of household is:  
elderly:\_\_\_\_ female:\_\_\_\_\_ handicapped:\_\_\_\_\_
7. Total elderly persons \_\_\_\_\_ Total handicapped persons \_\_\_\_\_
8. Family income totals:                      # of persons                      # of families  
above moderate income limits                      \_\_\_\_\_  
within moderate income limits                      \_\_\_\_\_  
within extremely low income limits                      \_\_\_\_\_
9. Identify the data sources and a detailed description of the survey methodology used.

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## INSTRUCTIONS

### **Survey Tabulation Form**

A household survey will be necessary when a target area does not match census data area(s). In some cases a portion of the census data will be applicable to part of the target area but household surveys must be used to cover the rest of the target area.

If conducting a household survey is necessary, a complete set of survey forms must be submitted with the application as well as this *Survey Tabulation* form. Survey data must be submitted on the forms provided in this application package. The income categories shown in Chapter VI of this application package will be used as the basis of determining the specific income categories. The *Income By Family Chart* included in Chapter VI should be completed for the Parish in which the project is located. This completed chart should be used when conducting the survey and a copy of your completed chart must be submitted with your application. The required survey sample size for public facilities projects is identified on page 192.

When a survey is required, local surveys which were conducted for the FY 2004 – FY 2005 funding cycle may be used/resubmitted for no more than two funding cycles for public facilities applications if the following two requirements are met. 1) Surveys originally conducted for the FY 2004 and FY 2005 program years (for the current target area or portion thereof) must have included information for the correct random numbered residential structures as provided by the Office of Community Development. If the target area boundaries have been expanded from the previously surveyed target area, a current survey of the expanded portion of the target area must also be conducted, using the correct random numbers for the expanded area. Combined, the previously conducted survey and the current additional survey must account for all residential structures in the total target area. Or, the applicant may choose to re-number all residential structures in the entire target area, and conduct a new survey (also, the applicant could utilize data from the FY 2004-FY 2005 survey if the same addresses from both surveys coincide with the required random numbers). If the target area boundaries are smaller than the previously surveyed area, the surveys of the residences no longer in the target area can be removed from the previous survey, or the applicant may choose to re-number all residential structures in the smaller target area and conduct a new survey. 2) The data gathered for each survey must conform to the requirements of the program year for which funds were originally requested.

If an applicant is resubmitting survey data used for the FY 2004/2005 Program years, then a copy of those survey forms must be submitted with the current application. The Office of Community Development will not be responsible for retrieving the surveys from a previously submitted application.

If you have any questions regarding the use of local survey data, please contact Ms. Carol Newton at 225/342-7412.

#### Item 1. Number in Universe

This is the total number of residential (occupied and vacant) structures in the target area. This number determines which random numbers table is used to conduct the survey.

Item 2. Total Occupied Houses in Target Area

Unless a one hundred percent survey was conducted, the following procedure should be used to determine this number.

$$\frac{\text{Number of survey attempts} - \text{Number of vacants/businesses/exempts}^*}{\text{Total number of survey attempts}} = \% \text{ Occupied Houses}$$

$$\% \text{ of Occupied households} \times \text{Number in universe} = \text{Total occupied houses in target area}$$

**\*Include any non-residential buildings or camps that were accidentally included in the universe.**

For example:

313 – Universe

235 – Total surveyed houses, vacants, unreachables, businesses and exempts

- 9 - Subtract vacants, businesses, and exempts (include any camps or other non-residential buildings that may have accidentally been included in the universe)

226 - Known occupied houses as a result of the survey. (this is also the number of surveyed houses plus the unreachables). In this case, 200 houses were surveyed, plus 26 unreachables)

226 divided by 235 = 96.17% (This is the percent of occupied houses based upon the survey).

.9617 x 313 = 301 projected occupied houses

Item 5. Racial/Ethnic Background

Please refer to the definitions included in the instructions of the *Activity Beneficiary* Form concerning the racial/ethnic categories listed in this section. Enter the number of persons in the appropriate racial category under the “Total” column. Of the number in the “Total” column, enter the number of persons that are of Hispanic or Latino ethnicity in the “Hispanic” column.

Item 8. Family Income Totals

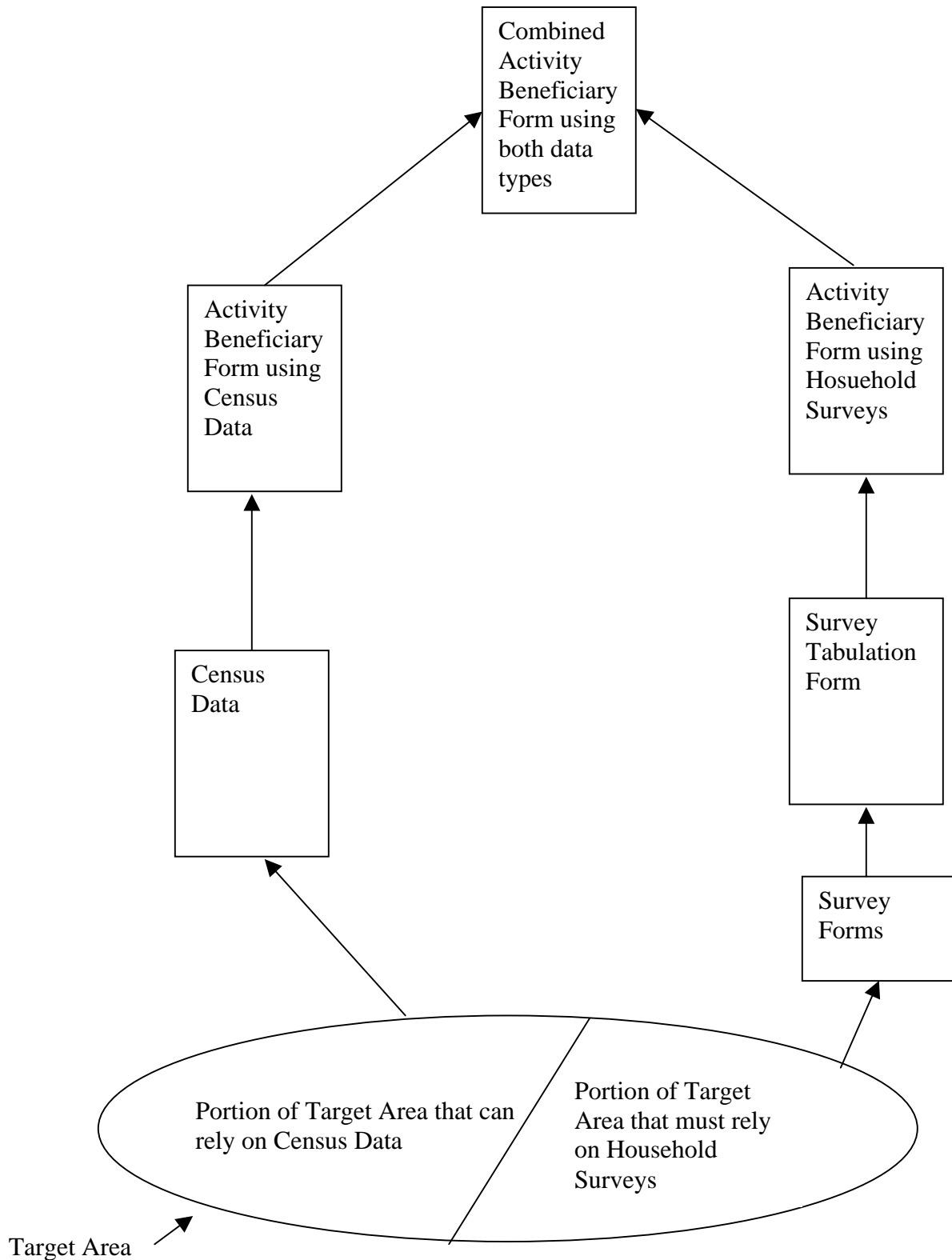
When identifying the number of persons and number of families by income category, each person and family should be included in only one category. For example, the number of extremely low income persons should not be counted in the number of low income persons. The number of persons identified as above moderate income limits, within moderate income limits, within low income limits, and within extremely low income limits should total the number of persons surveyed. This same procedure is true for the number of families identified by income category.

Item 9. Survey Methodology

Please identify the method used to determine which households in the target area would be surveyed. If you are conducting a local survey rather than using census data, then you must be very detailed in explaining all steps taken when conducting your local survey.

## Activity Beneficiary Form Demonstration

The following diagram illustrates the flow of information for combining census data with household survey results when the census data alone is not sufficient.



# SURVEY FORM FOR COMMUNITY CENTER PROJECTS

Community _____ Surveyor _____ Street Name _____ Date _____ Name and Street Address _____	Map Key	Occupied House	Surveyed House	# OF OCCUPANTS	HEAD OF FAMILY			NUMBER IN FAMILY		ETHNIC/ RACIAL BACK- GROUND**								FAMILY INCOME			
					Female	Elderly	Handicapped	Elderly	Handicapped	AI/AN	Asian	B/AA	NH/OPI	White	AI/AN and White	Asian and White	B/AA and White	AI/AN and Black	Other Multi-racial	High	Moderate
Page Totals																					

\* Required for projects involving the installation of new service connection lines or improvements to existing service connection lines on private property.

\*\* In the top half of the box, enter the number of persons in the family that is of that race. In the bottom half of the box, enter the number of those persons that are of Hispanic/Latino ethnicity.

AI/AN=American Indian/Alaskan Native    B/AA=Black/African American    NH/OPI=Native Hawaiian/Other Pacific Islander

## INSTRUCTIONS

### Survey Form

This survey form must be used for Public Facilities projects that require a survey. A detailed map of the target area(s) that corresponds to the survey must be included in the application. See the instructions for Maps on page 130 for more details. Also, Chapter VI of this application package contains a draft memorandum from the U. S. Department of Housing and Urban Development regarding survey methodology and the FY 2005 income limits that should be used when conducting a survey. Also, the *Income By Family Chart* included in Chapter VI should be completed for the Parish in which the project is located. This completed chart should be used when conducting the survey and a copy of your completed chart must be submitted with your application. A detailed explanation of proper surveying procedures follows the explanations of the columns in the *Survey* form. Be sure to review **all** of the information in this section and Chapter VI carefully **BEFORE** you begin the survey process.

Map Key - Enter the number from the map that corresponds to the structure listed on the survey form.

Occupied House - Place an "x" in the box if the house is occupied.

Surveyed House - Place an "x" in the box if the family in the house has been surveyed and all of the required information was collected.

Number of Occupants - Enter the number of persons in the family.

Head of Family - Check the appropriate box if the head of family is female, elderly, or handicapped.

Number in Family - Insert the number of persons in the family that are elderly and/or handicapped.

Ethnic/Racial Background - Enter the number of persons in the family that correspond to the racial categories in the top half of the box. Enter the number of persons listed in each race category that are of Hispanic or Latino ethnicity in the bottom half of the box.

Family Income - The income category for families/persons must be determined based upon the number of persons in the family. The surveyor should determine the income range that corresponds to the family's annual income with consideration to the number of persons in the family by using a completed *Income By Family Chart*. The *Income By Family Chart* is shown on page 171 and the instructions for the chart are on page 172.

Enter the number of persons in the appropriate income category column.

Total the columns at the bottom of each survey page. You may include a summary sheet that includes totals from each page to get an overall total for the project.

Please note the following when conducting your surveys:

- Persons in correctional institutions cannot be counted as program beneficiaries.
- Camps that are used for recreational purposes, weekend retreats, etc. will not be counted as occupied households. For the purposes of the LCDBG program, these units will be considered as exempt.
- If there is a group home located in your target area, please call Ms. Carol Newton at the Office of Community Development in order to determine if the residents of the home should be counted as beneficiaries.

An example of a completed field map and a survey form is shown on pages 128-129.

### **Surveying Procedures**

In order to ensure that surveys are conducted on a random basis, the U. S. Department of HUD issued the DRAFT memorandum that is shown in Chapter VI of this application package. Please use the following procedures when conducting your survey.

The survey must be done using a map or customer list identifying all structures in the area. You may choose to complete a separate map of each street identifying each structure, but you would also need a map of the area that shows all streets in the area. This will enable the State to verify that no street was omitted from the individual street maps. You must identify on the map or customer list which structures are commercial or exempt. Then, you must number all residential structures (occupied *and* vacant) on the map or the list in a consecutive order. The total number of residential structures will be your **UNIVERSE** size.

At that point, you must call the OCD at 225/342-7412 to obtain a random numbers table for your universe. For example, if you have 213 residential structures, then you will call the OCD and ask for a random numbers table for a universe size of 213. Occasionally you may find that a business or exempt structure has accidentally been assigned a number and was counted in the universe. The following paragraph provides instructions for this situation also.

When randomly identifying the houses at which to conduct interviews, you must use the random numbers table that you will obtain from the OCD. **List all “required” numbers from the random numbers table in order they are shown in the Map Key column of the survey form. The “extra” numbers on your random numbers table would be used only if your survey finds “unreachables”, vacants, businesses, or exempts in your originally identified “required” numbers on your random numbers table. The “extra” numbers must be used in the order they appear on the table. List the “extra” numbers from the table following the “required” numbers.** You will only use the number of surveys required by the survey sample size chart when completing your *Survey Tabulation* form and your *Activity Beneficiary* form.

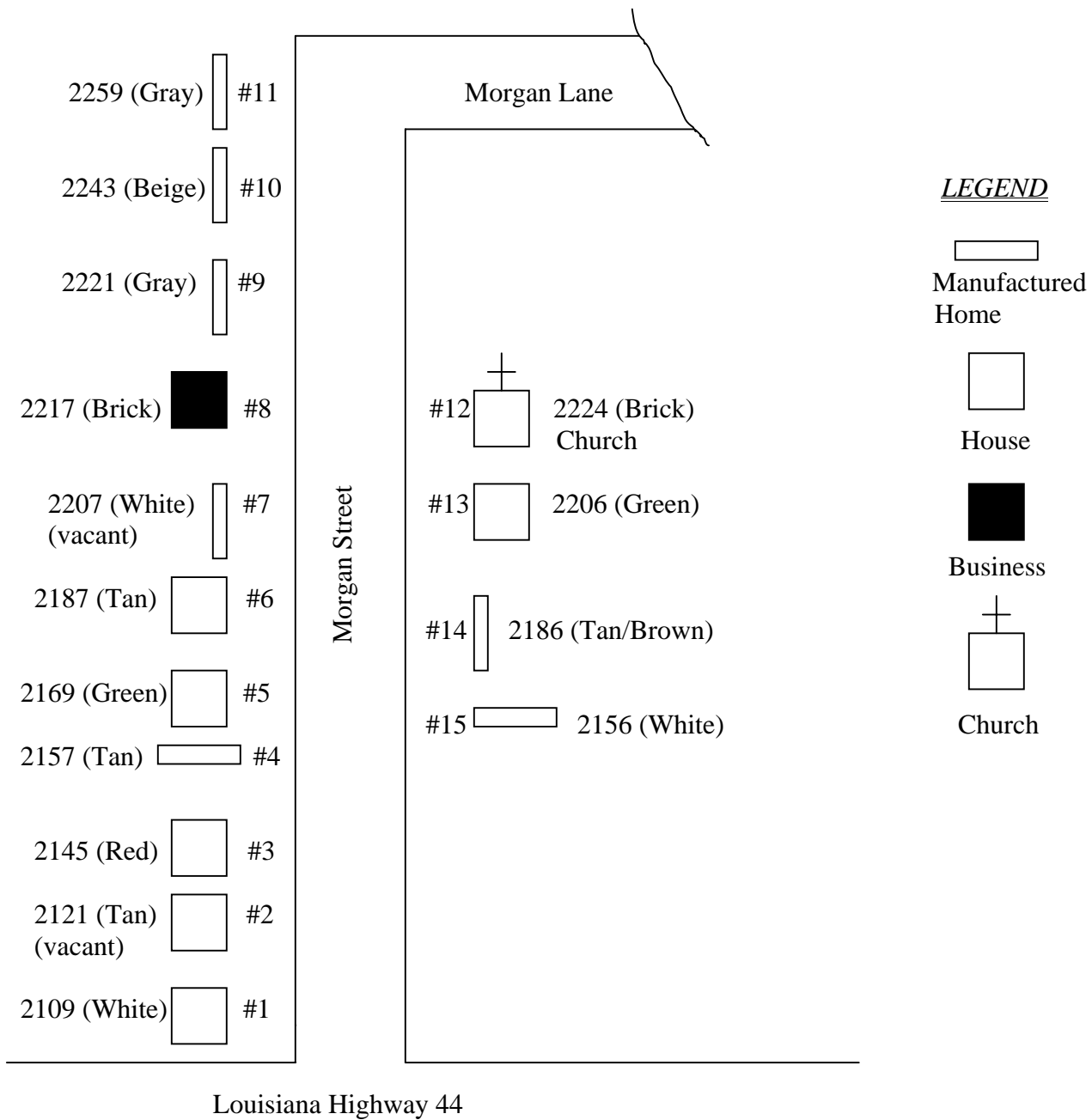
An “unreachable” is defined by the Office of Community Development as a house that cannot be surveyed after three separate attempts to obtain the survey, or an outright refusal to give the required information. You should try at different times of the day if the first attempt to obtain the survey is unsuccessful. If you determine that you had 5 “unreachable” houses after completing your surveys, then you would substitute the first 5 houses from your “extra” section for those 5 “unreachables”. You should document the reason that a structure has been classified as “unreachable” on the survey form. If the documented reason is that no one was home at any of the times you visited the house, then you must maintain a list of the number of

times you visited the house and the time of day the visits occurred. This documentation does not have to be submitted with the application, however, the OCD may request the documentation if necessary.

SAMPLE OF SURVEY FORM

GOES ON THIS PAGE





## MAPS

A map(s) that delineates the following items must be included in the application package:

1. Census tracts and/or block groups (by number) and/or logical record numbers; and any areas located outside of useable census data areas that require household surveys.
2. Location of concentrations of minorities, showing number and percent by census tracts and/or block groups, and/or logical record numbers.
3. Location of concentrations of low and moderate income persons, showing number and percent by census tracts and/or block groups and/or logical record number.
4. Location of the target area.

**NOTE: Please be sure that the information regarding census data is correct. The instructions on page 114 can be used to help you identify the correct census tracts and/or block groups. The State staff uses this information to verify the rating point awarded for the target area being located in a renewal community.**

For projects that require a survey, a detailed field map identifying every structure on each street must be provided if you are not using a utility customer list generated by the local government to conduct your survey. Each residential structure (occupied *and* vacant) must be identified by a number. The numbers must be in a consecutive order. You should not have numbers 20 through 25 and number 213 identifying structures on the same street. The following two types of field maps will be acceptable.

1. One map identifying all houses in the surveyed area. Each residential structure should be numbered in consecutive order.
2. One map of each street identifying all residential structures on the street and one map of the entire surveyed area. Each residential structure should be numbered in consecutive order.

LCDBG PROGRAM

PUBLIC FACILITIES COMMUNITY CENTER

APPLICANT NAME:

PROJECT DESCRIPTION

(Use only one sheet per target area)

## INSTRUCTIONS

### **Project Description Form**

Provide a concise description of the community center project for which you are requesting funds. The description should include the following:

- Identify the proposed project, location of the proposed project, etc.
- Indicate whether your project will require acquisition.
- Identify who will retain ownership of the center after the completion of the project. Describe the method by which the applicant can ensure that adequate revenues will be available to operate and maintain the proposed project. The description must identify the source and the estimated amount of funds that will be generated for this purpose.
- The applicant must describe the types of services that will be available at the center, including an explanation of the benefit to persons in the target area or the service's clientele.
- Describe the physical boundaries of the target area.

**UTILIZATION AND PROXIMITY FORM**

With attached "Letter of Commitment" from each service provider

Name of Service Provider	Type of Service	Frequency of Services	Are Services Currently Available?	Distance in Miles

## INSTRUCTIONS

### **Utilization and Proximity Form**

Each Service Provider and service described in the Project Description must be listed on this form.

Please use the following instructions when completing this form.

#### Name of Service Provider

Enter the name of the provider of the service. A Service Provider will be a particular company, government entity, or non-profit organization.

#### Type of Service

Enter the type of each service that will be provided at the community center. Examples of public services include, but are not limited to: child care, health care, job training, education programs, public safety, senior citizen services, services for homeless persons, drug abuse counseling and treatment, welfare services, and recreation services such as “volleyball”, etc.

The primary purpose of the services offered will be for non-recreational community uses. Although all recreation services are to be listed, they will be counted as only one service provider and only one service for rating purposes.

#### Frequency of Service

The following terms must be used in this column to describe how often the services are available to persons in the target area.

- Daily – Service is available five days a week, eight hours a day.
- Part-time Daily – Service is available five days a week, less than eight hours a day.
- Not Daily – Service is not offered on a daily basis.

#### Are Services Currently Available

If the service is currently available to persons in the target area, enter “yes”. If the service is not currently available to persons in the target area, enter “no”.

#### Distance in Miles

Enter the distance in mileage between the proposed community center and the location at which each of the services are currently being provided. If the distance exceeds forty miles just enter “Maximum”.

Letters of Commitment and Description of Service Forms Letters of commitment from all service providers must be submitted with the application. All letters must be on the service provider’s letterhead. Each letter must be in the format of the example on page 135 and have as attachment(s) the completed Description of Service form(s) as on page 136.

**Sample Letter of Commitment (On Service Provider's Letterhead)**

DATE

Honorable John Smith  
Mayor, Town of Winter Valley  
Post Office Box 1234  
Winter Valley, LA 70818

Re: FY 2006/2007 LCDBG Community Center Application

Dear Mayor Smith:

We understand that the Town of Winter Valley desires to submit an application for Louisiana Community Development Block Grant (LCDBG) funding for a community center. We are pleased to provide the services listed on the attached "Description of Services" form to the persons living in Winter Valley and commit to moving into the proposed Community Center upon completion of construction.

If you have any questions, please call me at (999) 555-5555.

Sincerely,

Ms. Wanda Jones  
Director

Attachment(s): Description of Service Forms(s)

**Description of Services Form**      Name of Provider \_\_\_\_\_

---

Description of Service \_\_\_\_\_

How often will services be provided? \_\_\_\_\_  
(Examples: Full time Daily, Part Time Daily, Less than Daily)

Is the service currently provided to persons in the target area? \_\_\_\_\_

Estimated number of persons that will benefit? \_\_\_\_\_

Is the service targeting a specific clientele? \_\_\_\_\_  
(Examples could include, but are not limited to: low and moderate income persons, elderly persons, preschool children, homeless persons, single mothers, etc.)

If yes, describe the specific clientele \_\_\_\_\_

Other Comments: \_\_\_\_\_

---

Description of Service \_\_\_\_\_

How often will services be provided? \_\_\_\_\_  
(Examples: Full time Daily, Part Time Daily, Less than Daily)

Is the service currently provided to persons in the target area? \_\_\_\_\_

Estimated number of persons that will benefit? \_\_\_\_\_

Is the service targeting a specific clientele? \_\_\_\_\_  
(Examples could include, but are not limited to: low and moderate income persons, elderly persons, preschool children, homeless persons, single mothers, etc.)

If yes, describe the specific clientele \_\_\_\_\_

Other Comments: \_\_\_\_\_

---



### THREE YEAR FINANCIAL PLAN

	<u>First Year</u>	<u>Second Year</u>	<u>Third Year</u>
I. <u>Sources of Revenue</u>	_____	_____	_____
Charges for Events	_____	_____	_____
Sales Tax Dedication	_____	_____	_____
Property Tax Dedication	_____	_____	_____
General Fund Appropriation	_____	_____	_____
Other: _____	_____	_____	_____
TOTAL Sources of Funds	_____	_____	_____
II. <u>Operating Expenses</u>	_____	_____	_____
Employee Compensation	_____	_____	_____
Utilities Expense	_____	_____	_____
Insurance	_____	_____	_____
Depreciation Expense	_____	_____	_____
Other: _____	_____	_____	_____
III. <u>Funds for Maintenance</u>	_____	_____	_____
General Building Expense	_____	_____	_____
Cleanup Expense	_____	_____	_____
Plumbing/Electrical	_____	_____	_____
Roofing Expense	_____	_____	_____
Other: _____	_____	_____	_____
IV. <u>Debt Service</u>	_____	_____	_____
TOTAL Use of Funds (II, III, & IV)	_____	_____	_____

## INSTRUCTIONS

### **Three Year Financial Plan**

Each applicant requesting funds for a multi-purpose community center must present a three year financial plan identifying the projected amounts and sources of revenues, operating expenses, and funds for maintenance. The minimum requirements for this plan are shown on the previous page; the applicant may include additional budgetary line items on this form along with corresponding explanations. Sources of revenue can be general sources of the local government, dedicated revenue sources of the local government, and/or receipts from events.

**ENGINEER/ARCHITECT'S COST ESTIMATE**

(Refer to the instructions for the specific information that must be included herein. Attach additional sheets if necessary.)

Estimated number of weeks of construction: \_\_\_\_\_

Estimated number of parcels to be acquired: \_\_\_\_\_

\_\_\_\_\_  
Signature of  
Licensed Architect/Engineer

\_\_\_\_\_  
Date

## INSTRUCTIONS

### **Engineer/Architect's Cost Estimate**

All proposed community center activities must be accompanied by a detailed cost estimate prepared and signed by a Professional Engineer/Architect licensed in the State of Louisiana. The cost estimate shall contain the cost of construction, architectural fees, and related costs. The construction estimate shall be a listing of construction items (as a bid proposal), estimated quantity, unit of measure, unit price, and amount. A maximum of 10 percent is allowed for construction contingencies.

LCDBG funds may not be used to pay for Resident Project Representative (RPR) services on Community Center projects.

Engineering/architectural fees shall be identified by type in a line item format. Typical items include basic services, property surveying, geotechnical investigation, and testing. Written justification must be provided for all engineering/architectural services other than basic services. The justification is to contain an explanation of why the service is needed and how the proposed fee was derived. Please refer to the document entitled, "Engineering Fee Schedules and Policies for the LCDBG Program" (Chapter VII) for more information concerning eligible fees.

**If any other funds (federal, local, etc.) will be used to complete the project, then the cost estimate must identify the amount of those funds as well as the specific use of those funds.**

The cost estimate must identify the estimated number of weeks of construction and the estimated number of parcels to be acquired.

See the example on the following page.

### Example of Cost Estimate

#### ENGINEER/ARCHITECT'S COST ESTIMATE

(Refer to the instructions for the specific information that must be included herein.  
Attach additional sheets if necessary.)

#### CONSTRUCTION:

DESCRIPTION	QUANTITY	UNIT OF MEASURE	UNIT PRICE	AMOUNT
General Conditions	Lump	Lump Sum	\$ 35,000.00	\$ 35,000
Site Preparation	Lump	Lump Sum	\$ 20,000.00	\$ 20,000
Foundations	6,000	Sq. Ft.	\$ 8.00	\$ 48,000
Exterior Closure	3,000	Sq. Ft.	\$ 10.00	\$ 30,000
Roofing	6,000	Sq. Ft.	\$ 6.00	\$ 36,000
Insulation and Fireproofing	6,000	Sq. Ft.	\$ 3.00	\$ 18,000
Interior Partitions and Doors	6,000	Sq. Ft.	\$ 5.00	\$ 30,000
Finished Hardware	Lump	Lump Sum	\$ 10,000.00	\$ 10,000
Interior Finishes	6,000	Sq. Ft.	\$ 8.00	\$ 48,000
Millwork and Specialties	Lump	Lump Sum	\$ 36,000.00	\$ 36,000
Canopies and Overhangs	800	Sq. Ft.	\$ 25.00	\$ 20,000
Parking, Walks, and Drives	20,000	Sq. Ft.	\$ 3.50	\$ 70,000
Plumbing	Lump	Lump Sum	\$ 25,000.00	\$ 25,000
Mechanical	Lump	Lump Sum	\$ 34,000.00	\$ 34,000
Electrical	Lump	Lump Sum	\$ 40,000.00	\$ 40,000

Total Estimated Construction Cost: \$500,000

#### ARCHITECTURAL/ENGINEERING FEES:

Basic Services: \$46,500  
Geotechnical Investigation: \$3,000  
Testing: \$3,000

#### ACQUISITION:

Property Acquisition: \$15,000  
Property Survey: \$2,500

#### ADMINISTRATION:

\$35,000

#### PRE-AGREEMENT COSTS:

Architectural: \$1,500  
Administration: \$1,400

#### TOTAL PROJECT COST:

\$607,900

Estimated number of weeks of construction: 40

Estimated number of parcels to be acquired: 1

\_\_\_\_\_  
Signature of  
Licensed Architect/Engineer

\_\_\_\_\_  
Date

## **JUSTIFICATION FOR ADDITIONAL ARCHITECTURAL/ENGINEERING FEES**

### **Geotechnical Investigation:**

For the design of the building foundation. A geotechnical engineering firm will conduct soil borings, make recommendations, and prepare a report. The estimated cost is consistent with similar projects.

### **Testing:**

For quality control of base construction and testing of concrete and other material. The estimated cost is consistent with similar projects.

### **Property Surveying:**

For the acquisition of a 1.5 acre tract for the building site. Cost provided by surveying firm is estimated to be \$2,500.

### COST EFFECTIVENESS

- a. Total LCDBG funds requested \$ \_\_\_\_\_
- b. Total number of persons benefiting \_\_\_\_\_
- c. Average cost per person \$ \_\_\_\_\_  
(a/b = c)

### ENGINEERING/ARCHITECTURAL COSTS CERTIFICATION

I certify that our local governing body will pay all of the engineering/architectural costs associated with the implementation of the FY 2006 - FY 2007 LCDBG program. These costs will include but not be limited to basic design, resident inspection, topographic and/or property surveying, testing, staking, etc.

A resolution adopted by our local governing body is attached which identifies the firm hired and the proposed amount of their contract.

\_\_\_\_\_  
Signature of Chief Elected Official

\_\_\_\_\_  
Date

### CERTIFICATION OF OTHER FUNDS

Enter the amount of other cash funds that the applicant will inject into the proposed project.

\$ \_\_\_\_\_

**Verification identifying the amount and source of other funds must be inserted behind this form. Do not identify any local funds that will be used to pay pre-agreement, administrative or engineering costs on this form. This form should involve cash contributions that will be used for the construction of the project.**

## INSTRUCTIONS

### Cost Effectiveness

This form will be used to determine the project cost per person benefiting. In calculating the cost effectiveness, fill out the form using only the LCDBG funds requested for the project. Do not include "other" funds on line a.

- a. On line a., indicate the total amount of LCDBG funds requested.
- b. On line b., identify the total persons benefiting, not just the persons surveyed.
- c. On line c., divide the monies shown on line a. by the total persons benefiting as shown on line b.

For example, if a total of \$700,000 is required to construct a community center project benefiting 1,000 people and \$700,000 is requested from LCDBG funds, the average cost per person would be \$700. Using the same example, if \$300,000 in local funds and \$400,000 in LCDBG funds will be used for that same \$700,000 community center project, the average cost per person would be \$400.

#### **Please note the following information:**

**The Office of Community Development will not enter rating data from any applications that do not meet the threshold criteria described in Chapter II of this application package as of December 16, 2005. Therefore, those applications will not be in consideration for funding for the FY 2006 program year. For the second year of the funding cycle, FY 2007, the Office of Community Development will enter rating data from any applications that meet the threshold criteria as of December 15, 2006. This may cause a change in the points awarded under the cost effective criteria; the points awarded under cost effectiveness are relative to the other applications that are being considered. Since additional applicants may meet the threshold criteria for FY 2007, there may be changes in the points awarded under cost effectiveness and in the ranking of the projects.**

### **Engineering /Architectural Costs Certification**

This form must be completed by those applicants that will pay all of the engineering/architectural costs associated with the implementation of the LCDBG Program. Such costs may include, but not be limited to, basic design, resident inspection, topographic and/or property surveying, etc.

To substantiate that the local governing body will pay the engineering/architectural costs associated with the LCDBG Program, this form must be completed and signed by the chief elected official. A copy of the resolution passed by the local governing body identifying the engineering/architectural firm hired and the proposed amount of the contract must be included in the application. That resolution should also state that local funds will be used to pay the engineering/architectural fees and any other engineering/architectural costs incurred by the local governing body. **The applicant will not receive this point if the required information is not included in the application.**

The following requirement will apply to those applicants that receive the point for paying engineering/architectural costs and are successful in receiving a grant. If such grantees have an under-run in their project costs, the grantee will not be allowed to re-budget those monies for the purpose of reimbursing the local governing body for any engineering/architectural costs associated with the LCDBG Program



### **Certification of Other Funds**

**If no other funds are being used in conjunction with the LCDBG funds for construction purposes, it is not necessary to complete this form. Do not identify any local funds that will be used to pay pre-agreement, administrative or engineering costs on this form. This form should involve cash contributions that will be used for the construction of the project.**

Some projects may cost more than can be requested under the LCDBG Program. Therefore, the applicant may propose to use other funds in conjunction with the LCDBG funds. Applicants that want to use other funds in conjunction with LCDBG funds must have those funds **available** and **ready to spend**. If the other funds involve loans or grants from other state, federal, or private sources, the monies must have already been **awarded** or be **in the bank**. To substantiate the immediate availability of the other funds provide one of the following: a letter and adopted resolution from the local governing body stating the specific source, amount, and location of local cash, a line of credit letter from a financial institution such as a bank stating the amount available as a loan, specific evidence of funds to be received from a tax or bond election that has already passed, or a letter from another funding agency stating that the funds have been awarded and are currently available for expenditure. **The supporting documentation must be attached to the application.**

If other funds are involved and that applicant is in a position to be funded, the LCDBG staff will contact the applicant prior to a grant award and request positive proof of the current availability of the other funds. If proof cannot be provided within the time frame allowed by the Office of Community Development (approximately ten calendar days), then the project will not be funded. For example, if applicant number one does not have the other funds available for FY 2006 funding, then that applicant will not be funded under the FY 2006 program. Applicant number one will be reconsidered for funding again under the FY 2007 program; if the other funds are not available at that time, the applicant will no longer be considered for funding under the FY 2006 – FY 2007 funding cycle.



### PRE-AGREEMENT AND ADMINISTRATIVE COSTS CERTIFICATION

I certify that our local governing body will pay all of the pre-agreement and administrative costs associated with the implementation of this LCDBG program; such costs will include, but not be limited to application preparation fees, audit fees, advertising and publication fees, local staff time, workshop expenses, and/or administrative consultant fees. I have marked the following box which indicates who will be responsible for administering the LCDBG program. The documentation to support this is included in this application in accordance with the instructions.

\_\_\_\_\_ The local governing body will utilize an administrative consultant to administer the LCDBG Program. The proposed consultant is \_\_\_\_\_. Attached is a copy of the required resolution by the local governing body.

\_\_\_\_\_ The local governing body will utilize its own staff for the purpose of administering the LCDBG Program. Attached is a resolution and a sheet containing the required documentation requested in the instructions.

\_\_\_\_\_  
Signature of Chief Elected Official

\_\_\_\_\_  
Date

### DESIGNATED RENEWAL COMMUNITY

- a. Is the target area within the boundaries of a federally designated renewal community?  
Yes [ ] No [ ]
- b. If yes, a map identifying the boundaries of the appropriate federally designated area and the location of the target area must be included behind this form. The map should also identify the name of the federally designated area and the census tract numbers involved.

### PROOFS OF PUBLICATION

Attach the two required public notices and proofs of publication.

## INSTRUCTIONS

### **Pre-agreement and Administrative Costs Certification**

**This form must be completed by community center applicants.** Community center applicants are required to pay all of the pre-agreement and administrative costs associated with the implementation of the LCDBG Program. Such administrative costs may include, but not be limited to, application preparation fees, audit fees, advertising and publication fees, local staff time, workshop expenses, administrative consultant fees, etc.

An applicant may intend to utilize the services of an administrative consultant, to utilize its own staff, or to utilize both. The certification must identify which circumstances apply by marking one or both boxes.

To substantiate that the local governing body will pay the administrative costs associated with the LCDBG Program, this form must be completed and signed by the chief elected official. A copy of the resolution passed by the local governing body identifying the administrative consultant hired and the proposed amount of the contract must be included in the application. That resolution should also state that local funds will be used to pay the pre-agreement costs, administrative consultant fees and any other administrative costs incurred by the local governing body.

If the local governing body maintains full-time permanent staff for the sole or partial purpose of administering LCDBG or other federal programs, such staff must have proved its capacity to administer LCDBG or other federal programs through previous program administration. To substantiate that the local governing body will pay the pre-agreement and administrative costs associated with the LCDBG Program, this form must be completed and signed by the chief elected official. A sheet should be attached that identifies the staff person(s) who will be responsible for program administration, their job title or position, and a brief listing of their previous experience in administering LCDBG or other federal programs. A copy of the resolution passed by the local governing body stating that local funds will be used to pay all pre-agreement and administrative costs incurred by the local governing body must be included in the application.

### **Designated Renewal Community**

- a. If the target area is located within the boundaries of a federally designated Renewal Community, Empowerment Zone, or Renewal Community, then mark the “Yes” box. If the target area is not located within the boundaries of one of these federally designated areas, then mark the “No” box. The entire target area must be located within the boundaries of the federally designated area in order for the applicant to get the rating point.
- b. A map identifying the boundaries of the federally designated area, the boundaries of the target area, the name of the federally designated area, and the census tracts involved must be attached.

### **Proofs of Publication**

A copy of the two public notices and proofs of publication must be included in the application package. The required content of these notices is illustrated on pages 32 and 33 of this package.

## LOUISIANA CDBG PROGRAM

### STATEMENT OF ASSURANCES

This applicant hereby assures and certifies that:

1. It possesses legal authority to apply for the grant and to execute the proposed program.
2. Its governing body has duly adopted or passed as an official act a resolution, motion, or similar action authorizing the filing of the application, including all understandings and assurances contained therein, and directing and authorizing the person identified as the official representative of the applicant to act in connection with the application and to provide such additional information as may be required.
3. It has facilitated citizen participation by:
  - a. Providing adequate notices that provide the information specified in the Application Package.
  - b. Holding a hearing to obtain citizens' views on housing and community development needs and to provide citizens with the information specified in the Application Package.
4. It has adopted a detailed written citizen participation plan that:
  - a. Provides for and encourages citizen participation,
  - b. Provides citizens with reasonable and timely access to local meetings, information, and records,
  - c. Provides for technical assistance,
  - d. Provides for public hearings
  - e. Provides for timely responses to written complaints and grievances, and
  - f. Accommodates the needs of non-English speaking residents and persons with disabilities in public hearings.
5. Its chief executive officer or other officer of applicant approved by the State:
  - a. Consents to assume the status of a responsible Federal official under the National Environmental Policy Act of 1969 insofar as the provisions of such Act apply to the Louisiana Community Development Block Grant Program; and
  - b. Is authorized and consents on behalf of the applicant and himself to accept the jurisdiction of the federal courts for the purpose of enforcement of his responsibilities as such an official.
6. The community development program has been developed so as to give maximum feasible priority to activities that will benefit low and moderate income families or aid in the prevention or elimination of slums or blight.

7. It will comply with the regulations, policies, guidelines, requirements of OMB Circulars Numbers A-87, A-102, as amended and made part of the State regulations, A-133, revised, and 24 CFR 85.36, as they relate to the application, acceptance, and use of federal funds under this part.
8. It will administer and enforce the labor standards requirements set forth in 24 CFR 570.605 and regulations issued to implement such requirements.
9. It will comply with the provisions of Executive Order 11296, relating to evaluation of flood hazards and Executive Order 11288 relating to the prevention, control and abatement water pollution.
10. It will require every building or facility (other than a privately owned residential structure) designed, constructed, or altered with funds provided under this part to comply with the “American Standard Specifications for Making Buildings and Facilities Accessible to, and Usable by, the Physically Handicapped,” Number A-117.1-R 1971, subject to the exceptions contained in 41 CFR 101-19.604. The applicant will be responsible for conducting inspections to insure compliance with these specifications by the contractor.
11. It will comply with:
  - a. Title VI of the Civil Rights Acts of 1964 (Pub. L. 88-252), and the regulations issued pursuant thereto (24 CFR Part 1), which provides that no person in the United States shall on the grounds of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives federal financial assistance and will immediately take any measures necessary to effectuate this assurance. If any real property or structure thereon is provided or improved with the aid of federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer of such property, any transferee, for the period during which the property or structure is used for another purpose involving the provision of similar services or benefits.
  - b. Title VIII of the Civil Rights Act of 1968 (Public Law 90-284), as amended, administering all programs and activities relating to housing and community development in a manner to affirmatively further fair housing. Title VIII further prohibits discrimination against any person in the sale or rental of housing, or the provision of brokerage services, including in any way making unavailable or denying a dwelling to any person, because of race, color, religion, sex, national origin, handicap or familial status.
  - c. Section 109 of the Housing and Community Development Act of 1974, and the regulations issued pursuant thereto (24 CFR Part 570.601), which provides that no person in the United States shall, on the grounds of race, color, national origin, or sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under, any program or activity funded in whole or in part with funds provided under this Part. Section 109 further prohibits discrimination to an otherwise qualified individual with handicap as provided under Section 504 of the Rehabilitation Act of 1973, as amended, and prohibits discrimination based on age as provided under the Age Discrimination Act of 1975.
  - d. Executive Order 11063 on equal opportunity in housing and non-discrimination in the sale or rental of housing built with federal assistance.
  - e. Executive Order 11246, and the regulations issued pursuant thereto (24 CFR Part 130 and 41 CFR Chapter 60), and Section 4(b) of the Grant Agreement, which provides that no person shall be

discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of federal or federally assisted construction contracts. Contractors and subcontractors on federal and federally assisted construction contracts shall take affirmative action to insure fair treatment in employment, upgrading, demotion, or transfer; recruitment or recruitment advertising; layoff or termination, rates of pay or other forms of compensation and selection for training and apprenticeship.

12. It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended, requiring that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project area and contracts for work in connection with the project be awarded to eligible Section 3 business concerns.
13. It will:
  - a. To the greatest extent practicable under State law, comply with Sections 301 and 302 of Title III (Uniform Real Property Acquisition Policy) of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 and will comply with Sections 303 and 304 of Title III, and HUD implementing instructions at 24 CFR Part 42; and
  - b. Inform affected persons of their rights and of the acquisition policies and procedures set forth in the regulations at 24 CFR Part 42 and §570.602(b).
14. It will:
  - a. Comply with Title II (Uniform Relocation Assistance) of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 and HUD implementing regulations at 24 CFR Part 42 and 24 CFR 570.606(a);
  - b. Provide relocation payments and offer relocation assistance as described in Section 205 of the Uniform Relocation Assistance Act to all persons displaced as a result of acquisition of real property for an activity assisted under the Community Development Block Grant Program. Such payments and assistance shall be provided in a fair and consistent and equitable manner that ensures that the relocation process does not result in different or separate treatment of such persons on account of race, color, religion, national origin, sex or source of income; and
  - c. Assure that, within a reasonable period of time prior to displacement, comparable decent, safe and sanitary replacement dwellings will be available to all displaced families and individuals and that the range of choices available to such persons will not vary on account of their race, color, religion, national origin, sex, or source of income.
  - d. It will follow a residential antidisplacement and relocation assistance plan and it will comply with the acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 as required under Section 570.606(a) and HUD implementing regulations at 24 CFR Part 42; the requirements in Section 570.606(b) governing the residential antidisplacement and relocation assistance plan under Section 104(d) of the Housing and Community Development Act of 1974; the relocation requirements of Section 505.606(c) governing displacement subject to Section 104(k) of the Act; and the relocation requirements of Section 505.606(d) governing optional relocation assistance under Section 105(a)(11) of the Act.

15. It will establish safeguards to prohibit employees from using positions for a purpose that is or gives the appearance of being motivated by a desire for private gain for themselves or others, particularly those with whom they have family, business, or other ties.
16. It will comply with the provisions of the Hatch Act that limits the political activity of employees.
17. It will give the State and HUD, through any authorized representatives, access to and the right to examine all records, books, papers, or documents related to the grant.
18. It will ensure that the facilities under its ownership, lease or supervision which shall be utilized in the accomplishment of the program are not listed on the Environmental Protection Agency's (EPA) list of Violating Facilities and that it will notify HUD of the receipt of any communication from the Director of the EPA Office of Federal Activities indicating that a facility to be used in the project is under consideration for listing by the EPA.
19. It will comply with the flood insurance purchase requirement of Section 102(a) of the Flood Disaster Protection Act of 1973, Public Law 93-234, 87 Stat.975, approved December 31, 1973 Section 103(a) required, on and after March 2, 1974, the purchase of flood insurance in communities where such insurance is available as a condition for the receipt of any federal financial assistance for construction or acquisition purposes for use in any area, that has been identified by the Secretary of the Department of Housing and Urban Development as an area having special flood hazards. The phrase "federal financial assistance" includes any form of loan, grant guaranty, insurance payment, rebate, subsidy, disaster assistance loan or grant, or any other form of direct or indirect federal assistance.
20. It will, in connection with its performance of environmental assessments under the National Environmental Policy Act of 1969, comply with Section 106 of the National Historic Preservation Act of 1966 (16 U.S.C.470), Executive Order 11593, and the Preservation of Archeological and Historical Data Act of 1966 (16 U.S.C. 469a-1, et.seq.) by:
  - a. Consulting with the State Historic Preservation Officer to identify properties listed in or eligible for inclusion in the National Register of Historic Places that are subject to adverse affects (see 36 CFR Part 800.8) by the proposed activity; and
  - b. Complying with all requirements established by the State to avoid or mitigate adverse effects upon such properties.
21. It will comply with all requirements imposed by the State concerning special requirements of law, program requirements, and other administrative requirements, approved in accordance with OMB Circular A-102, revised as it existed prior to its publication in revised form in the March 11, 1988 Federal Register, Vol. 53, No. 48.
22. It will minimize displacement of persons as a result of activities assisted with such LCDBG funds.
23. It will not attempt to recover any capital costs for public improvements financed in whole or in part with LCDBG funds, through assessments against properties owned and occupied by low and moderate income persons including any fees charged or assessed made as a condition of obtaining access to such public improvements.

Exception to the Requirement - The first sentence of Section 570.200(c)(2) of the regulations prohibits levying special assessments to recover any CDBG funds used to pay for public improvements, and remains



applicable. There are, however, two exceptions or circumstances in which an assessment or fee may be made to recover the non-CDBG share of the capital costs:

- a. Where funds received under the State's CDBG allocation are used to pay the proportion of a fee or assessment against properties owned and occupied by low and moderate income persons. (Such payments are eligible CDBG activities subject to the provisions of S570.200(c)(3) of the regulations); or
  - b. Where the grantee certifies that it lacks sufficient CDBG funds to comply with the requirements, for the payment of assessments against properties owned and occupied by persons of low and moderate income who are not very low income (i.e., not below 50 percent of median). In this case, the assessment may be made against such properties without paying for the assessment with CDBG funds.
24. It will adopt and enforce a policy prohibiting the use of excessive force by law enforcement agencies within its jurisdiction against any individual engaged in non-violent Civil Rights demonstrations in accordance with Section 519 of Public Law 101-1448 (the 1990 HUD Appropriations Act).
25. It certifies that no federally appropriated funds will be paid for any lobbying purposes regardless of the level of government.

Signing these assurances means that the municipality/parish agrees to implement its program in accord with these provisions. Failure to comply can result in serious audit and/or monitoring findings that require repayment of funds to the State or expending municipality/parish funds to correct deficiencies. A training session will be held to describe these requirements to all funded applicants. Municipality/parish staff attendance will be mandatory.

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SIGNATURE OF CHIEF ELECTED OFFICIAL

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TYPED/NAME AND TITLE OF CHIEF ELECTED OFFICIAL

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DATE



## DISCLOSURE REPORT

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### PART I - APPLICANT/GRANTEE INFORMATION

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1. Applicant/grantee name and address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Phone # \_\_\_\_\_ Federal Employer ID # \_\_\_\_\_
2. This is an: Initial Report ☒ Updated Report \_\_\_\_\_
- 
3. Project Assisted/to be Assisted \_\_\_\_\_  
\_\_\_\_\_
- a. Fiscal year: \_\_\_\_\_
- b. Competitive Grant: ☒
- c. Amount requested/received: ..... \_\_\_\_\_
- d. Program income to be used with c. above: ..... \_\_\_\_\_
- e. Total of c. and d: ..... \_\_\_\_\_
- 

### PART II - THRESHOLD DETERMINATIONS

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1. Is the amount listed at 3.e. (above) more than \$200,000? Yes \_\_\_\_\_ No \_\_\_\_\_
2. Have you received or applied for other HUD assistance (through programs listed in Appendix A of the Instructions) which when added to 3.e. (above) amounts to more than \$200,000?
- Yes \_\_\_\_\_ No \_\_\_\_\_

If the answer to either 1. or 2. of this Part is "yes", then you must complete the remainder of this report.

If the answer to both 1. or 2. of this Part is "no", then you are not required to complete the remainder of this report, but you must sign the following certification.

I hereby certify that this information is true.

\_\_\_\_\_  
(Chief Elected Official)

\_\_\_\_\_  
(Date)

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PART III - OTHER GOVERNMENT ASSISTANCE PROVIDED/APPLIED FOR

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Provide the requested information for any other Federal, State and/or local governmental assistance, on hand or applied for, that will be used in conjunction with the LCDBG program. (See Appendix A of the Instructions for a listing of the HUD programs subject to disclosure.)

Name and Address of Agency Providing or to Provide Assistance	Name of Program	Type of Assistance (loan, grant, etc.)	Amount Requested or Provided

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PART IV – INTERESTED PARTIES

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Alphabetical Listing of All Persons With a Reportable Financial Interest in the Project	Social Security # or Employer Identification # (Optional)	Type of Participation in Project	Contract Execution Date	Financial Interest In Project \$ and %

PART V - EXPECTED SOURCES AND USES OF FUNDS

This Part requires you to identify the sources and uses of all assistance, including LCDBG, that have been or may be used in the project.

Source

Use

PART VI – CERTIFICATION

I hereby certify that the information provided in this disclosure is true and correct and I am aware that making any materially false, fictitious, or fraudulent statement or representation may subject me to criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, I am aware that if I materially violate any required disclosure of information, including concealing a material fact, I am subject to being fined under this title or imprisoned not more than five years, or both.

\_\_\_\_\_  
(Chief Elected Official)

\_\_\_\_\_  
(Date)

## INSTRUCTIONS FOR COMPLETION OF DISCLOSURE REPORT

All applicants for or recipients of LCDBG Funds must complete and submit Parts I and II of the Disclosure Report. At the completion of Part II of the report, some applicants/recipients will find that they must also complete Parts III, IV, V and VI of the Report.

Part I requires the applicant's name, address, phone and federal employer identification number; indicate as to whether this is an initial report or an update report (all FY 2004 - FY 2005 applicants/recipients will check the initial report box when preparing this report for the first time); provide a brief description of the project and include contract number, if known; identify the fiscal year of the LCDBG funds requested (FY 2004 - FY 2005); the amount of FY 2004 - FY 2005 LCDBG funds being requested or received; the amount of any LCDBG program income that will be used with the FY 2004 - FY 2005 LCDBG funds; and, the total amount (FY 2004 - FY 2005 funds plus program income). The requirements for update reports are discussed on the following page.

Part II asks two questions. If the answer to both questions is "no", then the chief elected official must sign the certification at the end of Part II, but is not required to complete the remainder of the Report. If the answer to either question is "yes", then the applicant must complete the remainder of the Report.

Part III requires information on any other Federal, State and/or local assistance that is to be used in conjunction with the FY 2004 - FY 2005 LCDBG program. "Other government assistance" is defined as including any loan, grant, guarantee, insurance, payment, rebate, subsidy, credit, tax benefit or any other form of direct or indirect assistance from the Federal government, the State (other than the LCDBG assistance requested/received the application/grant award), or a unit of general local government, or any agency or instrumentality thereof, that is available, or is expected to be made available with respect to the LCDBG project or activities. For purposes of this definition, other government assistance is expected to be made available if, based on an assessment of all the circumstances involved, there is reasonable grounds to anticipate that the assistance will be forthcoming or if other funds were identified in the application. If the applicant has no other government assistance to disclose, then state "No other government assistance has been applied for or will be provided" on this form.

Part IV requires the identification of interested parties. Interested parties are persons and entities with a reportable financial interest in the project. Person and "entity" means an individual (including a consultant, lobbyist, or lawyer), corporation, company, association, authority, firm, partnership, society, state, unit of general local government, governmental entity or agency, Indian tribe, and any other organization or group of people. If an entity is being disclosed, the disclosure in Part IV must include an identification of each officer, director, principal stockholder or other official of the entity. All consultants, developers or contractors involved in the application for LCDBG assistance, or in the planning, development or implementation of the project, must be identified as an interested party. Also, any other person or entity that has a pecuniary interest in the project that exceeds \$50,000 or ten percent of the LCDBG assistance, whichever is lower, must be listed as an interested party. Pecuniary interest means any financial involvement in the project, including (but not limited to) situations in which an individual or entity has an equity interest in the project, shares in any profit or resale or any distribution of surplus cash or other assets of the project or receives compensation for any goods or services provided in connection with the project. (The following are not considered interested parties: local LCDBG administrative staff, recipients of housing rehab assistance, and rehab contractors as long as the rehab agreement is between the property

owner and the contractor.) The financial interest in the project must be identified both as a dollar amount and as a percentage of the total amount of the LCDBG funds.

It is realized that at the time of application, applicants may not be aware of all interested parties since contracts and agreements for goods and services are not generally awarded until after notice of grant award. Subsequent to grant award, as projects are being implemented, funds will be committed to interested parties which will necessitate the submission of an updated Disclosure Report. However, if other governmental assistance is identified under Part II of the Disclosure Report to be used in conjunction with the LCDBG funds and, if these other funds have been committed to interested parties, then those interested parties must be identified in Part IV of the initial report.

Entry of the social security number or federal employer identification number is optional.

Part V requires applicants/recipients to identify the sources and uses of all funds to be used in conjunction with the LCDBG funded project. The sources and uses must include all the other assistance identified in Part III as well as the LCDBG funds identified in Part I, items 3c. and 3d.

Part VI requires a signed certification by the Chief Elected Official.

#### Updated Reports

All applicants/grantees who have submitted initial disclosure reports are required to submit updated disclosure reports whenever any of the following instances occur:

1. The applicant/grantee discovers that information was omitted from its initial report or any updated reports.
2. Additional persons or entities can be identified as interested parties. These are persons or entities that did not have a pecuniary interest when the initial or last updated report was submitted.
3. There is a change in other government assistance that exceeds the amount of assistance that was previously disclosed.
4. There is a change in the pecuniary interest of any person or entity that exceeds the amount of all previously disclosed interests by the lesser of \$50,000 or ten percent of such interest.
5. For all projects receiving a tax credit under federal, state, or local law, there has been a change in the expected sources or uses of funds that were previously disclosed.
6. There is a change in the expected source of funds from a single source that exceeds the lesser of the amount previously disclosed for that source of funds by \$250,000 or ten percent of the funds previously disclosed for that source.
7. There is a change in the expected sources of funds from all sources previously disclosed that exceeds the lesser of \$250,000 or ten percent of the amounts previously disclosed from all sources of funds.



8. There is a change in a single expected use of funds that exceeds the lesser of \$250,000 or ten percent of the previously disclosed uses for all funds.
9. There is a change in the use of all funds that exceeds the lesser of \$250,000 or ten percent of the previously disclosed uses for all funds.

Grantees must constantly monitor their project to ensure that an updated disclosure report is submitted within thirty days of any change that meets one of the nine criteria discussed above. Updated reports are required until the project is closed out.

## APPENDIX A

This Appendix contains a list of all the HUD Programs that are subject to the disclosure requirements of the Housing and Urban Development Reform Act of 1989. All applicants for or recipients of FY 2004 - FY 2005 LCDBG assistance must review this list to determine if they are receiving, or expect to receive, assistance from other covered HUD programs besides the LCDBG Program. HUD funds that are received either directly from HUD or through the State must also be considered. The State administered LCDBG Program is listed as item 3(v).

It is the total amount of funds received from all of the below sources that the applicant/recipient uses to answer the second question of Part II of the Disclosure Report.

- (1) Section 312 Rehabilitation Loans under 24 CFR part 510, except loans for single family properties.
- (2) Applications for grant amounts for a specific project or activity under the Rental Rehabilitation Grant program under 24 CFR part 511 made to:
  - (i) A State grantee under Subpart F;
  - (ii) A unit of general local government or a consortium of units of general local government receiving funds from a State or directly from HUD (whether or not by formula) under Subparts D, F, and G; and
  - (iii) HUD, for technical assistance under S511.3.

(Excludes formula distributions to States, units of general local government, or consortia of units of general local government under Subparts D and G, within-year reallocations under Subpart D, and the HUD-administered Small Cities program under Subpart F.)

- (3) Applications for grant amounts for a specific project or activity under Title I of the Housing and Community Development Act of 1974 made to:
  - (i) HUD, for a Special Purpose Grant under Section 105 of the Department of Housing and Urban Development Reform Act of 1989 for technical assistance, the Work Study program or Historically Black colleges,

- (ii) HUD, for a loan guarantee under 24 CFR part 470, Subpart M;
  - (iii) HUD, for a grant to an Indian tribe under Title I of the Housing and Community Development Act of 1974; and
  - (iv) HUD, for a grant under the HUD-administered Small Cities program under CFR part 570, Subpart F; and
  - (v) A State or unit of general local government under 24 CFR part 570.
- (4) Applications for grant amounts for a specific project or activity under the Emergency Shelter Grants program under 24 CFR part 576 made to a State or to a unit of general local government, including a Territory.
- (Excludes formula distributions to States and units of general local government [including Territories]; reallocations to States, units of general local government [including Territories] and non-profit organizations; and applications to an entity other than HUD or a State or unit of general local government.)
- (5) Transitional Housing under 24 CFR part 577.
- (6) Permanent Housing for Handicapped Homeless Persons under 24 CFR part 578.
- (7) Section 8 Housing Assistance Payments (only project-based housing under the Existing Housing and Moderate Rehabilitation programs under 24 CFR part 882, including the Moderate Rehabilitation Program for Single Room Occupancy Dwellings for the Homeless under Subpart H).
- (8) Section 8 Housing Assistance Payments for Housing for the Elderly or Handicapped under 24 CFR part 885.
- (9) Loans for Housing for the Elderly or Handicapped under Section 202 of the Housing Act of 1959 (including operating assistance for Housing for the Handicapped under Section 162 of the Housing and

Community Development Act of 1987 and Seed Money Loans under Section 106(b) of the Housing and Urban Development Act of 1968).

- (10) Section 8 Housing Assistance Payments - Special Allocations - under 24 CFR part 886.
- (11) Flexible Subsidy under 24 CFR part 219 - both Operating Assistance under Subpart B and Capital Improvement Loans under Subpart C.
- (12) Low-Rent Housing Opportunities under 24 CFR part 904.
- (13) Indian Housing under 24 CFR part 905.
- (14) Public Housing Development under 24 CFR part 941.
- (15) Comprehensive Improvement Assistance under 24 CFR part 968.
- (16) Resident Management under 24 CFR part 964, Subpart C.
- (17) Neighborhood Development Demonstration under Section 123 of the Housing and Urban-Rural Recovery Act of 1983.
- (18) Nehemiah Grants under 24 CFR part 280.
- (19) Research and Technology Grants under Title V of the Housing and Urban Development Act of 1970.
- (20) Congregate Services under the Congregate Housing Services Act of 1978.
- (21) Counseling under Section 106 of the Housing and Urban Development Act of 1968.
- (22) Fair Housing Initiatives under 24 CFR part 125.

- (23) Public Housing Drug Elimination Grants under Section 5129 of the Anti-Drug Abuse Act of 1988.
- (24) Fair Housing Assistance under 24 CFR part 111.
- (25) Public Housing Early Childhood Development Grants under Section 222 of the Housing and Urban-Rural Recovery Act of 1983.
- (26) Mortgage Insurance under 24 CFR Subtitle B, Chapter II (only multifamily and non-residential).
- (27) Supplemental Assistance for Facilities to Assist the Homeless under 24 CFR part 579.
- (28) Shelter Plus Care Assistance under Section 837 of the Cranston-Gonzalez National Affordable Housing Act.
- (29) Planning and Implementation Grants for HOPE for Public and Indian Housing Homeownership under Title IV, Subtitle A, of the Cranston-Gonzalez National Affordable Housing Act.
- (30) Planning and Implementation Grants for HOPE for Homeownership of Multifamily Units under Title IV, Subtitle B, of the Cranston-Gonzalez National Affordable Housing Act.
- (31) HOPE for Elderly Independence Demonstration under Section 803 of the Cranston-Gonzalez National Affordable Housing Act.

